

Application for Renewal of Alcoholic Beverages License

Board of Liquor License Commissioners for Baltimore City - Renewal 2015

Establishment Information

Corporate/ Partnership /Entity Name: Brio Tuscan Grille of Baltimore, LLC

Trade Name: Brio Tuscan Grille Class Type: B-BWL Bus Phone: 410-637-3440

Location address: 100 E Pratt St Baltimore, MD 21202

Mailing Address: 777 Goodale Blvd Ste 100 City/State: Columbus, OH ZIP Code: 43212

Are the operations open? ☒ YES ☐ NO If NO, when did it close? _____ Last 8 Digits Sales Tax ID# 14672077

Is the property owned or leased? ☐ YES ☒ NO Leased If leased, expiration date: 12/31/2022

On what floors does your business operate? 1st Floor Where is your alcohol stored? Bar

Provide capacity as per Fire Dept.? 166 dining, 50 bar = 216 For Class "B" only over 150, list dining capacity? 216

If applicable: General Manager Name: Kevin Minghella

Manager Phone: 410-637-3440 Email: innr.office@bborg.com Cell or Fax: 410-637-3711

Licensee 1 Information

Name: Saed Mohseni

Current Home address: 7727 Lambton Park Rd How long? 8+

Phone: _____ E-mail: smohseni@bborg.com Cell: _____

City: New Albany State: OH ZIP Code: 43054

Date of Birth 6/19/62 Are you a City Resident? ☐ YES ☒ NO City resident, how long? _____

If not a City resident please list property owned on which taxes are paid: 100 E. Pratt St. - Brio Tuscan Grille

Licensee 2 Information

Name: James J. O'Connor

Current Home address: 7171 Innisfree Ln. How long? 20+

Phone: _____ E-mail: jocconnor@bborg.com Cell: _____

City: Dublin State: OH ZIP Code: 43017

Date of Birth 11/19/61 Are you a City Resident? ☐ YES ☒ NO City resident, how long? _____

If not a City resident please list property owned on which taxes are paid: 100 E. Pratt St. - Brio Tuscan Grille

Licensee 3 Information

Name: Jay Swanson

Current Home address: 2825 Rosalie Ave. How long? 7 Yrs.

Phone: _____ E-mail: SWANJAY67@comcast.net Cell: _____

City: Baltimore State: MD ZIP Code: 21234

Date of Birth 6/19/67 Are you a City Resident? ☒ YES ☐ NO City resident, how long? _____

If not a City resident please list property owned on which taxes are paid: _____

Below are a series of question-s regarding your operations and all questions must be answered so that your application can be deemed complete. Note that all information must be provided under state law for license renewal. (Mark X below)

	Yes	No
Do you owe any taxes on merchandise, fixtures of stock to the City or the State for FY 2014-2015 or previous years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is your corporation in "Good Standing" with the Maryland Department of Assessment and Taxation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you affirm that all taxes due to state and local agencies are current and up to date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have you been convicted and/or found guilty for violating any local, State or Federal criminal offense?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe: _____ When: _____ Where: _____		
Do you provide live entertainment? (If not applicable answer NO)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you provide outdoor table service? (If not applicable answer NO)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you provide off premises catering of food and alcohol? (If not applicable answer NO)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have an up to date Alcohol Awareness Certificate? Expiration date: <u>10/28/2018</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any majority stockholder or corporate officer changes from last year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe and provide information on stockholders: (significant change may require a new application):		

Board of Liquor License Commissioners for Baltimore City

231 E. Baltimore Street, Suite 600, Baltimore MD 21202 - Office Phone: (410) 396-4377 Office Fax: (410) 396-4382

Neck
invoice

BLE539

Questions Continued	Yes	No
Do you provide delivery services of alcohol and/or food?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have Workers Compensation insurance? If yes enter policy # <u>NLRCH7886727</u> Expiration Date <u>4/1/2015</u> Insurance Carrier: <u>ACE American Insurance</u> If No, please note, number of employee: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you directly or indirectly own or have any interest of any kind as owner, stockholder, financially or otherwise, in any establishment to or for which a license has been issued anywhere in the State of Maryland, or are you a creditor or have made any loans to license holder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe: _____		

Signatures

I/We hereby certify that I/We are the licensed operator/s of the establishment applied for in this renewal for "Alcoholic Beverages License" for 2015-2016. I/We hereby authorize the Maryland State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of Liquor License Commissioners for Baltimore City, its duly authorized agents and employees, and any Maryland State Police Officer/Trooper, and any peace officer of the City of Baltimore, to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours.

Signature of licensee: [Signature]

Date: 3/19/15

Signature of licensee: [Signature]

Date: 3/19/15

Signature of licensee: [Signature]

Date: 3/25/15

AFFIDAVIT

STATE OF MARYLAND, City of Baltimore, ss:

I hereby certify that on the 25th day of March, 2015, before me, the subscriber, a notary public of the State of Maryland, in and for [Signature], personally appeared [Signature] the applicant(s) named in this renewal application made oath in due form of law that the matter and facts contained in said application are true and correct.

As witness, my hand and notarial seal.

Name: Sharon A. Cosentino

[Notary Seal]

My Commission expires 4/2/2016

READ CAREFULLY

If any of the facts, other than age and home address have changed it will be necessary to apply for new license on the form required for a transfer and/or modification.

If this application is not filed on or before March 31, 2015 to the office of Board, 231 E. Baltimore Street, Suite 600, a late fee of \$50.00 per day may be imposed by the board up to a maximum of \$1,500.00 and the license will not renewed as of May 1, 2015.

Application Fee \$50.00

Extract from Section 16-501 of Article 2B of the State of Maryland – Alcoholic Beverage Laws: If any signed statement, affidavit or oath required under the provisions of this Act shall contain any false statement, the offender shall be deemed guilty of perjury, and upon conviction thereof, shall be subject to the penalties by law for that crime.

For BLLC Staff Only: Please ADD Staff Initials and notes

Received Date: _____

Contact Date(s) _____

Status: Complete Date: _____

Incomplete: _____